

Chapter 2

Scope of the Problem

It has been suggested that the medical community has made significant strides with regard to high-profile areas of provider impairment with obvious external manifestations, such as substance abuse, mental illness, and drug and/or alcohol dependence. However, dealing with disruptive behavior in the health-care arena, which is more nuanced, has posed a significant challenge beyond just discovery. In a broad-brush description, Veltman [1] called disruptive practitioner behavior “contentious, threatening, unreachable, insulting and frequently litigious” and stated that these providers “will not play by the rules” and do not “have the ability to relate or work well with others” [1]. However, this analysis may be too simplistic, as coworker interaction and certainly other providers often are major drivers as well. Thus, it has matured far past the physician-centered, single-focus template.

The most significant behavioral problems tend to surface during routine, periodic evaluation times and typically are associated with the medical staff reappointment time frame [2]. The practitioners being evaluated and/or reappointed often have different strengths and weaknesses of which the evaluators may not be aware, resulting in an unfavorable mix of staff opinion. Therefore, it is critical to provide adequate training, orientation, and senior-level expertise to manage this difficult task.

The key then is to use an evidence-based framework to develop an organizational approach that promotes a healthy, positive work environment that is safe for patients and

providers alike [3]. This atmosphere will enable the staff to focus on delivering high-quality, cost-effective, and personally satisfying care rather than wasting additional time and emotional energy on reacting to conflict.

A crucial task is to delineate, in a goal-oriented fashion, the various types of dysfunction that may occur among health-care professionals in the workplace, which will provide a framework for analysis. Once the behaviors are defined, they can be monitored, tracked, and analyzed for trends. The following definitions for disruptive physicians are offered based on conduct: The *incompetent* physician lacks the skill, training, experience, or expertise to capably and consistently care for patients. The *impaired* physician normally is competent but is transiently or persistently limited in his or her ability to deliver care by a medical or psychological condition, the use of, abuse of, or dependence on a substance or other intoxicant. Lastly, the *disruptive* physician is competent and is not impaired yet has an interactive style that substantially limits the effectiveness of his or her care (Table 2.1).

The term *disruptive physician* is now in vogue, appearing in written hospital bylaws and described by numerous organized medical bodies, societies, and external regulatory agencies [4]. However, a clear potential exists for its misuse, emphasizing the negative aspect of this pejorative term. Some physicians who have potentially crossed boundaries early in the process may express concern for quality only after their behavior has come under scrutiny and has been labeled as disruptive.

On the other hand, physicians who raise quality concerns with good intentions may inappropriately be targeted as “disruptive” by hospital administration. Whereas the legal system

TABLE 2.1. Description of physician dysfunction.

Term	Definition
Incompetent	Lacks skill in providing consistent care
Impaired	Transiently limited based on medical, psychiatric condition, or substance use
Disruptive	Competent but with limited operational style

discourages the behavior of the former group, it does offer some protected class status in limited circumstances for the latter. Hospitals and medical facilities are given a very wide berth in presiding over their staff's regulatory issues.

Historically, the legal system has had little interest in addressing quality issues in this arena at the hospital level. Its focus, rather, is to question on a procedural level whether the medical staff bylaws were followed uniformly in physician disciplinary proceedings, not necessarily whether they were fair or unfair in substance. The judicial predisposition inferred from case law precedent is to leave this type of decision-making to the individual hospital or facility.

Zbar et al. [4] described several steps in a comprehensive approach to addressing the disruptive behavior phenomenon. First, the physician should be intimately familiar with the medical staff bylaws addressing this conduct. Second, in all cases, a root cause analysis should be performed to approach the situation objectively so that both parties stand to benefit. This step will avoid the appearance of any economic impropriety or other attendant causes of bias or favoritism. Third, this analysis should be performed under the auspices of a protected peer-review process, establishing privilege from legal discovery in most jurisdictions—although this varies state by state, with protection from legal proceedings overturned by statutory intervention. Fourth, an alternative dispute resolution process, such as mediation or nonbinding or binding arbitration, often provides a more satisfactory resolution for all parties involved than an adversarial litigation process involving judicial intervention (Table 2.2).

TABLE 2.2. Medical staff quality-of-care conflict approach [4].

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1. Familiarization with provisions regarding questioning of care quality
 2. Root cause analytic approach
 3. Peer-review protection for analysis
 4. Mediation rather than litigation
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References

1. Veltman L. The disruptive physician: the risk manager's role. *J Healthc Risk Manag.* 1995;15(2):11–6.
2. Haun JP. A process for objective review of physician performance. *Physician Exec.* 1992;18(3):51–5.
3. Martin WF. Is your hospital safe? Disruptive behavior and workplace bullying. *Hosp Top.* 2008;86(3):21–8.
4. Zbar RI, Taylor LD, Canady JW. The disruptive physician: righteous maverick or dangerous pariah. *Plastic Reconstruct Surg.* 2009;123(1):409–15.



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